

## SURVEILLANCE

## Surveillance: information for action

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## Regular series launched

A large proportion of the submissions we receive for this journal fall in the broad category of descriptive epidemiology. Practitioners around the world collect data through routine methods or cross sectional surveys, look for distinctive patterns and trends, and decide to inform others. Sometimes this kind of report is of great value—for example, reports of new outbreaks of syphilis in the 1990s,<sup>1</sup> or even the first case series that heralded the arrival of AIDS.<sup>2,3</sup> However, all too often the reports we receive fall into the “me too” category. It is well known that, for example, chlamydia is more common in women under 20, but here is another study that shows the same pattern in a local population. Such data may be important in determining local priorities and resources, but do not always fulfil the criteria for publication.

Before dismissing descriptive epidemiology we need to think how good reports can inform the practice of clinicians, public health specialists, and researchers. In addition to the early warnings of new outbreaks, there is a need for regular intelligence on what is going on the population and how this may affect practice. At best this is the function of *surveillance*, the “ongoing systematic collection, collation, analysis, and interpretation of data; and the dissemination of information to those who need to know in order that action may be taken.”

For this reason we have decided to introduce a new section of the journal where we publish up to date reviews on the epidemiology of HIV and sexually transmitted infections for different geographical areas. We start in this issue with a summary of the trends in the

United Kingdom (p 159) and have commissioned a series from other parts of the world. We will return to these regularly with updates.

In the field of sexually transmitted infections there is an intimate connection between clinical care and disease control. Accessible and effective clinical services will diagnose and treat infection, thereby reducing ongoing transmission, and partner notification leads to better case finding and further interruption of infection. In addition, there is an opportunity for health promotion interventions with patients in contact with clinical services. For these reasons, it is essential that clinicians are well aware of trends in disease and in risk behaviours, and are able to further contribute to improving public health.

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